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ABSTRACT

This paper presents a series of modifications in technique and procedure in the general area of group therapy developed to meet the needs of a unique client group. The varied material brought together here are derived essentially from the study of a group of mothers formed by the leader in January 1971, after some two years of experience with a fairly typical Puerto Rican mothers group in a school on the elementary level in East Harlem. Such aspects as the length of sessions, media of communication, initial group and individual resistance for economic, social, and/or cultural reasons, and planful use of the therapist's feelings toward client movement from insight to change, as well as the manipulation of certain environmental factors, are considered in this study. Among the features which most strikingly differentiated the group of mothers studied from any privately composed group were the lack of selectivity of members based on screening for diagnosis and the inherent limitations set thereby on range, balance, and preconsideration of likely group dynamics, since all members, generally of depressed social and economic means, had to have young children with behavior and/or learning problems, and only the most disturbed of those who volunteered might be kept out of the group. (Author/JM)

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SUCCESSFUL ADAPTATIONS OF GROUP THERAPY  
TECHNIQUES IN THE TREATMENT OF SOCIALLY  
AND ECONOMICALLY DEPRIVED MOTHERS OF  
SCHOOL CHILDREN

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## INTRODUCTION

It is growingly apparent in the literature that the traditional approaches and controls identified with the theory and practice of group therapy have had to give way in face of the very problems they aspired to solve. If only because of the broad democratization of psychotherapeutic services to meet the vast and veiled needs of our inner cities with their configuration of problems-- ethnic, economic, medical, educational--variations in group therapy practice were to be expected. The distances traveled between S. R. Slavson's Introduction to Group Therapy, a classic and standard, in 1943, and Dr. June Jackson Christmas, in 1972, is a fair gauge of some of these changes:

"In recent years the efficacy of group rehabilitative approaches, in general, has been clearly demonstrated. It has become apparent, however, that group rehabilitation programs, as they are presently structured, are not equally appropriate for all patient populations. More precisely, it has become apparent that the forces which impinge upon those individuals who are not only physically or mentally disabled, but socially and economically disadvantaged as well, are interwoven, intricate, and complex, and cannot be altered by a single-faceted approach to rehabilitation. For these patient populations there is an obvious need for a broader, more comprehensive socio-psychiatric approach to rehabilitation."

Quite rightly Dr. Christmas calls for the development of innovation group programs which would provide effective rehabilitation techniques and, at the same time, forge a link between the recovering individual and his social environment. It is within this context that the present paper is offered in conformity with the theme of "Relevancy in the 70's".

In one of New York City's many distressed schools, this one located marginally in East Harlem, an unselected group of mothers coming from deprived family backgrounds was slowly brought together under the leadership of a psychiatric social worker whose services were provided to the school through the facilities of the New York City Bureau of Child Guidance. This group, which was stabilized at five members, remained in existence for two years, from early 1971 until late in 1972, after which time the therapist moved on to another assignment in the New York City public schools. It is over this period of time that the group will be described and discussed.

Hardly had its members come together than it became clear to the leader that many modifications in group technique, procedure, and orientation would be necessary to meet the needs of this unique client group. To begin with, what these mothers had in common--but did not share in common--were young children with behavior or learning problems, a situation that made them generally defensive.

At best, therefore, their participation in the group was, on one hand, voluntary "with reservations"; on the other hand, only the most disturbed of the mothers who volunteered might be kept out of the group. As a result, the leader could little rely upon the precepts set forth in standard texts, in which economic competence, homogeneity, and a degree of self-motivation may, initially at least, be taken for granted. Working knowledge of this group and the data and conclusions flowing from it were thus gained by a "trial and error" application of accepted individual and group work techniques to the unique situation encountered and herein described. It is hoped that the modifications worked out on an ad hoc basis to cope with the unmet developmental needs of this group will prove to be of value in their wider application as growing numbers of similarly placed groups come into existence in the 70's in a variety of educational and social service agencies.

#### THE GROUP

A, a 33-year old Puerto Rican, was divorced from a merchant seaman who, A complained, had failed to support her, drank, had affairs with other women, was abusive, and was often away from home. She had three children: a 12-year old son with severe learning problems; an 11-year old daughter, a behavior problem to her teachers, with

many physical complaints, perceptual difficulties, and an inordinate interest in boys; and a baby daughter who was conceived, according to A, in an effort to save her marriage. Although A had not completed her high school education, she was obviously intelligent and had a work history as a community organizer for planned parenthood. A had asthma, for which she had been treated previously in group therapy in a hospital setting. She described this experience as "fun" but had not found it particularly helpful.

A was obese, poorly dressed, in debt, unable to cope with her children, unable to mobilize her energies to keep clinic appointments and always cried when seen in individual sessions. A presented herself as "helpless".

B, age 25 and of German-Spanish origin, had married at an early age, had three children, and had been divorced for five years. B actively "hated" her ex-husband, who did not support the children, would visit the home while drunk, and would threaten her. She had a warrant out for his arrest. B received public assistance and lived with her divorced father "for protection" although her mother occupied an apartment in the same building. Unable to resolve her feelings about her ex-husband, B frequently described how he had beaten her, drank, failed to support her, and ran around with other women. After her divorce,

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B had had a serious romantic attachment with an "Indian gentleman" for several years. This ended when he returned to India and married another woman. B said she "understood" what he had done and did not hate him. B had "dropped out" of high school.

B was referred to the BCG social worker because her two sons, ages 9 and 8, were having behavior and achievement problems in school. B spoke of them as "bad, just like their father," and after one year these boys were about to be expelled from the school. B found her 7-year old daughter "easy to handle."

C, a 34-year old Puerto Rican, married young over the objections of her family. Before her marriage, her husband had had a "nervous breakdown" which had required treatment in a county hospital. Her father, who had had several "families," was an alcoholic who died of cirrhosis of the liver. Her mother had renounced her Roman Catholicism, had joined the ardent Pentacostal Church and had moved to Puerto Rico. One brother was a drug addict, and a sister, who had several "nervous breakdowns," was the mother of several children as the result of a number of liaisons. C had three children: two girls, 14 and 12 years old, and a boy, age 10, who had been referred to the school social worker for testing for organicity. He was hyperactive, unable to learn, and unruly in class.

C's husband, a "martinet" at home, was a compulsive gambler. As a result, the family was always in debt. C wore no make-up and dressed shabbily.

D, age 32, married, and the mother of three children, was an American-born black woman recommended to the group when B had to leave. Her son, age 11, was originally thought to be mentally retarded. Subsequent testing revealed the boy to be of low normal intelligence with a complex of repressed problems. D was persuaded that her son's first grade teacher had been prejudiced against blacks and felt resentment against the referral to the Bureau of Child Guidance. D, the dominant member of her family, had a sister who suffered from periodic psychiatric breaks which required and received D's aid.

D was tall, attractive, and generally better dressed than the other group members. She was a practical nurse.

E, age 42, Puerto Rican, and the oldest member of the group, was the mother of four children: one son in marriage, a daughter in a first liaison after being divorced, and a son and daughter in a second liaison. She had been deserted by the father of her last two children. Referred to the Bureau of Child Guidance because her son, age 9, was a non-reader, E was always angry. She frequently reported incidents to the group in which she had been fighting with the landlord, welfare officials, and

neighbors. E was extremely overprotective of her son. She lived with her two daughters, ages 18 and 7, her 9-year old son, and her mother in a two-room slum apartment.

E was very unattractive, crude of speech, and minimally educated. She seemed to be the most deprived member of the group, both socially and economically.

F, age 30, Puerto Rican, divorced and remarried, had been known to the group leader for several years. She had been seen initially because her daughter, age 8, had failed to learn or to follow simple directions in the first grade. Although she suffered from headaches and stomach pains, neither of which could be diagnosed medically, F was extremely attractive and intelligent.

Finally, the group leader, a white American in her mid-40's and a widow with one daughter in college and one in high school, has been the sole support of her family for seven years. She is a psychiatric social worker who has studied and been trained in group process, group dynamics and group therapy.

#### MODIFICATIONS OF TECHNIQUE

Thus, in the process of attempting to alleviate the typical learning and behavior problems of young children brought to her attention, the school social worker found

herself with this "group" of six mothers. Four of the mothers were Puerto Rican, one was of German-Spanish extraction, and one was black. Five of them had been divorced, only one had remarried successfully, and the one marriage intact had severe marital problems. The remaining households were without any adult male figure or provider. All lived in East Harlem: four in low-cost housing and two in slum apartments. Three of the mothers were on welfare, two had extremely marginal incomes, and only one enjoyed somewhat comfortable circumstances. Ages ranged from the mid-20's to the early 40's, and formal education beyond the primary grades was minimal. Yet all of the mothers were coming together ostensibly to provide a forum for the discussion of their children's school-related problems. It was patent to the leader from the very beginning that if such a group were to be worth the serious effort and sacrifice of all concerned, certain underlying "matters" within each mother would have to be reached, surfaced, and moved toward some resolution of understanding or control. Progress by the children would be related intimately to their "helpless" mothers' forward movement. As the sessions progressed, it became clear that these women could be helped--and could help themselves and in turn their children--but only if the leader directed attention, skill, and empathy toward

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unconscious and repressed materials as well as to the symptomatology that their difficult lives had thus far accumulated.

What must be the stance of the leader in such a group? What might her best role be, and what roles would be imposed upon her by such a group? Imagination, patience, often a sense of play, humanely reflected objectivity, a felt sense of creature equality, simple competence, and sometimes a willingness to "break the rules" would be required. And these would have to be communicated in ways that the group members could appreciate, accept, and utilize toward their own growth. Pollyanna approaches and exhortation, stern or kindly, would be of no avail.

Certain modifications in technique evolved, therefore, from the continued study of the transferences, resistances, and as yet unmet developmental needs of each group member. The gross initial impression was that all the mothers suffered from depression in varying degrees. Coming from deprived family backgrounds and viewing themselves as damaged, inadequate, helpless, and exploited by the men in their lives, these women tended to withdraw in all situations of stress.

Initially, for instance, the mothers were so frightened of involvement, despite their agreement to

join the group, that the earliest role of the leader consisted primarily of utilizing techniques to keep the group together. Thus, the first major modification of technique was with regard to time. More than half of the members might come from one-half to one hour late, partly because of reality pressures but also from a need to test whether or not the leader really cared for and wanted them. The meeting time was extended from the typical 1½-hour session to 2½ hours. Otherwise some of the mothers would have dropped out. For this group, more time meant more comfortable emotional space and security.

From the beginning, the group leader also attempted to provide a setting which met the need for psychological nourishment in the form of communication and emotional attitude.

In this, one of the limitations of the leader was turned to the advantage of the group. Since some of the mothers spoke a limited English adequate for ordinary purposes, they would tend to revert to Spanish when anxious or upset. In response to this, the group leader started to study Spanish. By learning to speak their native language--to the delight of the mothers--the leader demonstrated on the emotional level that she cared, that she wanted to invest in them so that she could be more helpful. The symbolic value of this

gesture to the group must not be underestimated. This also proved to be valuable in the development of individual and group transferences, even as the language difference, though reduced, continued in fact to serve some of the more defensive members of the group. Upon inquiry, some of the mothers reported that they felt more comfortable in expressing their deepest, most intimate, or most disturbed feelings in Spanish. And they were quite satisfied to let other group members translate, at the same time serving as welcome buffers and friendly intermediaries. Once the leader had begun studying Spanish, the mothers thought it great fun to teach her words not usually taught in language classes. This occasioned much laughter, generally lowered the anxiety level, and even allowed for the expression of mild hostility in a most innocuous, even constructive way. During the second year, the nickname of "la bruja d'el Barrio" was playfully applied to the therapist. Loosely translated, it means "the witch of East Harlem."

The third major modification in the therapeutic sessions was a heightened responsiveness on the part of the leader to help the mothers cope more effectively with current reality problems. Discussions and practical advice about housing, health, welfare, and employment problems (the stock-in-trade of social work) went hand in hand with the ventilation of anger, the development

of insight, and the striving for greater self-worth. This active, supportive, but essentially co-operative role of the leader was most constructive. For the group members, formerly overwhelmed and intimidated by the world of bureaucracy with its forms, its impersonality, and often its officiousness, now felt that they had a champion with lots of "know-how" on their side. This encouraged the coping mechanisms of these generally disadvantaged mothers, and each little success on their own helped reduce their strong feelings of frustration in face of the larger society which they had always perceived as hostile or indifferent.

How much the feeling of success in one social area can serve as the impetus toward success in another became strikingly clear once the group could face their children's problems in a setting that allowed the mother's involvement with a lessened sense of guilt and inadequacy and therefore with diminished blocking and resistance. The absence of the authoritarian, the judgmental, and the punitive and the presence of the cooperative and comprehending in the image of a moderate, competent, and amiable group leader allowed the group members to free and implement their own resources of intelligence, common sense, and creativity as each matured emotionally.

As indicated, most of the children were experiencing great difficulties in school when the group first began. Fortunately, however, one mother had experienced some success in resolving her child's problems. The leader's recognition that this could be turned to the advantage of the group was crucial. Average parents "feel better" when they discover that others have similar problems, and their seeing that someone has "succeeded" is often the incentive to try to solve their own problems. But this is often missing in depressed mothers, and it was here that support, interpretation, and some encouragement were in order. With the earlier success in a variety of small practical matters supported by the leader and the resultant elevation to some degree of the level of self-esteem of the group members, the incentive to try in this area was stimulated and strengthened. The feelings of utter hopelessness about their lives and their children's in a slum, about conditions of extreme poverty and danger, compounded by illnesses and the complaints of the school--feelings which often immobilize such parents--were alleviated, and movement was observed and recorded. As they developed greater self-confidence, in some instances through identification with the leader, several group members became active on school and community committees, the remotest of possibilities

before meaningful group process had begun. As the sessions continued, one mother served on a committee that was instrumental in arranging that a local hospital send a preventive health team into the school. Another mother suggested to a Department of Welfare team that an exercise class be held in her housing project, as many mothers wanted activities to improve their figures, their health, and their appearance. In turn, these mothers developed an increased sense of self-worth as a result of their involvement to improve themselves, their families, and their community.

One of the resistances during the first year was the frequent absences when members of the group felt hurt, anxious, or angry, or had become sharply depressed about family or other problems. Absences also occurred, of course, as the result of anxiety about "getting too close" emotionally to the group leader or to other group members, for long-standing defenses do not dissolve readily, and at best the first forward steps socially are always taken with some trepidation in the general setting described. The leader would phone each absent member to inquire about the absence, with the emphasis always on helping and understanding.

In the group, however, the leader handled absence as a resistance, but with as little focus upon an absent

member as possible. Here the objective of the leader was to help the group become more aware of their hostile feelings in language rather than to act them out. Also, as "la bruja" became aware of the pattern of avoidance of feelings, she would predict absences at the conclusion of emotionally laden interchanges. This technique helped to bring the pattern of avoidance, never hinted at over the telephone, into conscious awareness. The ensuing discussions and clarification of the phenomenon further helped to give the mothers more ego control over their feelings and behavior.

Still another modification of technique, but one utterly indicated by the makeup of the group, was the planned use of individual sessions to work through more intensively on individual problems. Several mothers were initially so fragile and felt so helpless that they again might have dropped out of the group if individual sessions had not been used to defuse explosive situations and to strengthen their capacity to take frustration and emotional pressure.

Throughout the life of the group, the leader made planful use of her own feelings as a re-educative device, as a demonstration to the group that it is acceptable to experience strong feelings and to express them without being overwhelmed by them. Since most of the mothers had

initially denied and avoided painful feelings, masking them under their varying degrees of depression, they had to be trained and helped to accept the fact that it is natural to have such feelings as sadness, anger, fear, and grief. By planfully offering instances in which she had experienced such feelings, the group leader allowed the mothers to identify with a healthier pattern of functioning.

The group leader also served as a model of identification in other ways, these based on a rapport she had established and carefully nurtured through her own empathic identification with the members of the group. The Puerto Ricans, for example, were torn with conflict regarding cultural patterns in a clash between the traditional and the new. In one area in particular, they often reacted as though they had to be submissive and loyal--even if the men in their lives were taking advantage of them. In their families, they had been afraid to assert themselves in such ways as wanting to look more attractive (losing weight, using modern make-up, and dressing with a personal touch) for fear of being criticized. Over a period of time, the group leader helped the mothers to verbalize both their fears and wishes as well as their feelings of being slaves to tradition. Gradually, the mothers developed the courage to dress more attractively, and there was evidence,

often in bits of emulation, that identification with the group leader was helping them adjust to the modern American ways that had long appealed to them. Little by little, they began to change outmoded cultural patterns. In several instances, this produced an unexpected dividend. For if in some families these changes created a new dimension of conflict, successful referrals for family therapy there helped to involve the father as well as the rest of the family in therapy.

THE LEADER, GROUP PROCESS, AND MRS. A

Perhaps the best way to indicate the efficacy of the group with its modified therapeutic procedures in pursuit of its dual objective of helping these mothers and thus best helping their young children in school is to describe in some detail the progress of one of the group members. If we recall A, described earlier as a 33-year old Puerto Rican divorcee on welfare with two of her three young children beset by behavior and learning problems, she presented herself to the leader and the group as "helpless." Her obesity and shabby appearance confirmed her view of herself. She lived in the same building as another mother in the group. The mother was C, about whom A frequently complained in the individual sessions (provided for this kind of situation

so that the group would not feel overly threatened by an excess of uncontrolled feeling). She felt that C "put her down." Early in the group setting, A appeared intimidated by C and would seldom contribute very much in her presence, since in fact C was extremely judgmental. As A began to feel more acceptance within the group, often but not always through management by the leader, she became less timid. When her special contributions were highlighted by the leader, A became more expansive. Eventually she was able to display some real anger towards C. But this was the expression of genuine feeling as well, and it had interesting results: C began to visit A in her home for coffee and socializing; A allowed the group to encourage her in seeking part-time employment despite her defensive fears that she might become ill; A talked about her problems in losing weight (with much laughter) and realistically discussed completing her education. By the end of her second year in the group, A expressed the wish to become a social worker (she was now a case aide and could constructively identify with the group leader) and brought some of her work problems to the group. This led to important discussions about "mothers' attitudes," problems, and the treatment of their children. By this time, A had taken an active part in the solution of her son's learning problems and had begun to realize her earlier role in his difficulties.

A also became more active in the school, serving on committees which obtained valuable medical services from a local hospital directly in the school building. She could now describe both her fear and pride in being able to speak up at large community meetings. Most significantly, she more and more shared with the other group members the ability to distance many of the problems that had too closely impinged upon her for analysis and solution. Their working with the leader, as earlier described, allowed them to view their problems with growing objectivity and begin to approach them with the poise and control almost of trained para-professionals. As a matter of fact, A was able to lose her first job without "falling apart" and secure another position closer to her career goal. At present she is working as a family assistant in the pediatric department of an important New York City hospital, and her children have begun to improve in their school work and in their school and home behavior.

The following lines from a letter to the group leader some time after she had moved to another assignment indicates how A felt about all that had happened:

...The appointment (with the leader in October 1969) was given because my daughter was having problems in school. This was too much for me and I couldn't bear it; besides I had so many other problems. I have asthma and my youngest daughter, Martha was ill a great deal at that time.

When I spoke to you about anything, I started to cry I was so upset; but you gradually helped me to learn how to talk about it and what to do about it.

When we started our Mothers Group, it was even better, because then I heard from other people that they had problems and some worse than mine. I learned how to look for help when it was needed. Since I am the head of my household, I felt I should be stronger in dealing with my difficulties. After my visits with you, this came about. I was able to handle things better.

...In eight months (after taking up the leader's referral of the family to an Adolescent Clinic) my daughter's behavior had changed, my son seems to have benefited from this too, and I was able to be myself again; to have more confidence and to drop Welfare aid, which I wanted to do so badly. With your assistance and guidance and that of the social workers in the Adolescent Program, I have started to work as a Family Health Worker; and still in contact with you, and every little tip that I learned from you in the group I have applied in my job, helping to make the period of February 14, 1971 to the present (December 7, 1972) a most wonderful experience.

Sincerely,

A

#### FURTHER MOVEMENT

Although not all of the group members benefited as richly from the group as did A, a constellation of movement and progress was observable by the end of the two-year period. All the mothers had gained in self-esteem. All began to dress well and to take conscious pains about their personal appearance. All felt more inde-

pendent and stronger, either studying to improve themselves or taking jobs, recognizing and enjoying their capacity for earning money and taking better care of practical problems. Although the school situation with her boys had not greatly improved, B was able to accept family therapy, earned a most creditable equivalency high school diploma, and was planning to go to work. C's son was greatly improved, and there were no complaints from school. C was less hostile, more composed, and better able to deal with her husband. She was able to accept separation from her daughters, taking them to her mother in Puerto Rico in an effort to rescue them from drugs and precocious sexual activities. D, who was in the group for the shortest time and showed the least movement, was nevertheless able to gain some insight into some of her ethnic hostility. An American black woman, she got along better with Puerto Ricans than formerly. She also began to see the assistance of social work agencies as a help rather than a racial slur. E, recognizing at the age of 42 that she is unlikely to change enough to be happy in a most difficult area of New York City, was moving to Puerto Rico to take a job in a less hostile environment, where she would be more comfortable and would function better. Her son, whom she had overprotected, made rapid progress in reading skill after being referred to the school social worker

as a non-reader, and E felt that her work in the group had given her son "the freedom to socialize." She had even allowed him, after long sheltering, to join the Boy Scouts. And F, who had remarried, began to work through some of her new marital adjustment problems. She gained considerable ability to move away from her mother's domination and her own dependency, and she was better able to cope with the problems of a threatening daughter and a slowly developing infant son. F also recognized the need for individual therapy to cope with her strong psychogenic illnesses.

#### CONCLUSION

Dr. June Jackson Christmas, Chief of Rehabilitation Services in the Department of Psychiatry at the Harlem Hospital Center, has observed:

"Group therapy has been described in the literature as the treatment of choice for individuals whose apparent inability to cope with the vicissitudes of life can be attributed to their limited knowledge and narrow perspectives, but who are nonetheless overwhelmed by feelings of helplessness and inadequacy. It is considered suitable for those persons whose functioning is impaired by the stereotyped values they share with members of the community with whom they identify."

Dr. Christmas soon adds:

"In the group setting, the group leader and the patients act as agents of change in various

systems. More specifically, within the framework of group dynamics, goals, sanctions, leadership, norms, identification, and support are used to mobilize the potential for change in each individual member/client."

The authors of this paper concur in these views and believe that the modifications in group therapy techniques herein described offer enlarged possibilities for success in the inner city setting, as the results of this study in great measure confirm.

#### SUMMARY

This paper concerns a group of mothers of children with severe learning problems brought together in a school setting over a period of two years. The paper describes the changes in these socially alienated, markedly dependent, depressed mothers from withdrawal and self-destructive behavior to healthier patterns of functioning. It also sets forth certain modifications in standard group therapy technique that as adjuvants to received theory and practice may well make the difference between success and failure in such groups as the one herein described.

Although this group was initially formed for the purpose of child guidance, it soon became clear that these mothers, who lived under extreme conditions of poverty in ghetto areas, were so depressed and felt so

helpless about their life conditions that they were unable to focus on helping their children. It was they who needed help, but first they had to be kept together and molded into a functioning group. To this end, the group leader had to be very active initially, her earliest role consisting of utilizing techniques intended to keep the group intact. With this group of mothers frightened of involvement, the use of oral and emotional nutrients proved to be of such value that by the end of the first year attendance patterns were quite regular, and the mothers began to feel the group as a "second family." In addition, the mothers had begun to identify with the leader's values in dress, in attention to appearance, and in life style. By the end of the second year, the mothers could view the group as a "club," suggesting a marked reduction of dependency. The use of humor and the techniques of emotional joining and confrontation helped the mothers to experience and to express anger as well as love feelings towards the leader and towards each other, thus lifting the level of depression that had immobilized them. As their self-esteem improved, the mothers began to move towards greater independence and an active and constructive role in trying to solve the problems of their children.

Increasing the time of the weekly sessions from 1½

to 2½ hours; sharing in the language difficulties of the group; the interjection into therapy of such current reality problems as housing, health, welfare, and employment with the leader's heightened responsiveness toward coping in these areas; the detailed constructive therapeutic treatment of absence and the endemic avoidance mechanism it represented; and the planful use of the leader's feelings and often her dramatic role as a model of identification: each of these was productive of individual instances of progress, growth, and success, as set forth in the body of this paper.

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